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TO: PETER F. CORLESS COMPANY: EDWARDS ANGELL PALMER &amp; DODGE LLP



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FEBRUARY 06, 2007

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DOC DATE: 01/10/2006

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PAGE 3/004

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FREDERIKSBERG C, DENMARK DK-1911

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SERIAL NUMBER: 10561876

FILING DATE:

PATENT NUMBER:

ISSUE DATE:

TITLE: PARATHYROID HORMONE (PTH) CONTAINING PHARMACEUTICAL COMPOSITIONS  
FOR ORAL USE

ANTHONY ROYALL, EXAMINER  
ASSIGNMENT SERVICES BRANCH  
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PAGE 4/004

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United States Patent and Trademark Office

## RECORDATION FORM COVER SHEET

## PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

## 1. Name of conveying party(ies):

Lisbo Ranklove (1/11/2006), Karl L. Christensen  
(1/9/2006), Jimmy H. Schlyter (1/10/2006), and  
Hanne A. Moesgaard (1/13/2006)Additional name(s) of conveying party(ies) attached? ☒ Yes ☐ No

## 2. Name and address of receiving party(ies)

Name: Nycomed Danmark A/S

Internal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Niels Ebbasens Vej 18 A, 1. et

City: Frederiksberg C

State: \_\_\_\_\_

Country: Denmark Zip: DK-1911Additional name(s) & address(es) attached? ☐ Yes ☒ No

## 3. Nature of conveyance/Execution Date(s):

Execution Date(s): in parentheses after inventor name☒ Assignment ☐ Merger ☐ Change of Name☐ Security Agreement ☐ Joint Research Agreement☐ Government Interest Assignment☐ Executive Order 0424, Confirmatory License☐ Other \_\_\_\_\_

## 4. Application or patent number(s):

A. Patent Application No.(s)

10561,878

☐ This document is being filed together with a new application.

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

## 5. Name and address to whom correspondence concerning document should be mailed:

Name: Peter F. Corless  
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LLPInternal Address: Atty. Dkt. (64651)45579Street Address: P.O. Box 66874*Correct*City: BostonState: MA Zip: 02205Phone Number: (617) 439-4444Fax Number: (617) 438-4170Email Address: PCorless@oapdlaw.com

## 6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 1.21(g) & 3.41) \$ 40.00☐ Authorized to be charged by credit card☒ Authorized to be charged to deposit account☐ Enclosed☐ None required (government interest not affecting fee)

## 8. Payment Information

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_b. Deposit Account Number 04-1105Authorized User Name Peter F. Corless

## 9. Signature:

Signature

February 5, 2007

Date

Stephana E. Patton - 60373

Name of Person Signing

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Trademark Office, electronic no. [071] 273-0140, on the date shown below.

Date: February 5, 2007

Signature: *[Signature]*

(Lynne Hawkins)

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PAGE 9/9 \* RCVD AT 2/5/2007 7:45:55 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-3/9 \* DNIS:2730140 \* CSID: \* DURATION (mm-ss):02-24

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